



Physician Authorization Form

For Non-Contract Brand Infant Formulas,
Exempt Infant Formulas and WIC Eligible Medical Foods

Thank you for helping the Colorado WIC Program serve a larger population by using contract formulas. **Similac with Iron, Isomil, or Similac Lactose Free WILL BE GIVEN** unless:

- ♦ A physician diagnoses a medical need or severe intolerance that indicates a need for a special formula, such as Nutramigen, Pregestimil, or Alimentum.
- ♦ An infant has tried all contract formulas and a physician indicates a need for a non-contract formula (Alsoy, Good Start, Enfamil, Enfamil LactoFree, Enfamil AR, ProSobee, Enfamil Low Iron). Infants issued these formulas will, except in rare circumstances, be transitioned back to Similac, Isomil, or Similac Lactose-Free at the end of the authorization period.

How to request a non-contract brand infant formula, exempt infant formula or WIC eligible medical food (refer to complete listing on the back of this form):

- ♦ Please complete and return this form to the patient or send it to the address noted below.
- ♦ Formulas are only provided for the maximum length of time for authorization listed on the back of this form. If the patient needs to use a product beyond the maximum length of time noted, another authorization form is required at the end of each authorization period.
- ♦ We ask that you provide a starter supply of the product if it is needed immediately. This will allow time for WIC to coordinate ordering the product with the grocer or pharmacy.

For more information please call the Registered Dietitian or Nurse at your patient's WIC Program (listed below) or a Nutrition Consultant at the State WIC Office at (303) 692-2400.

Physician Authorization			
Patient's Name: _____			
Product(s) Needed: _____			
Medical Reason/Diagnosis: _____			
Time Needed: (See back for maximum time that authorization is valid) <u>1</u> <u>2</u> <u>3</u> months <small>Please Circle</small>			
Instructions for preparation and use if not standard _____ _____ _____			
Physician's Name (Print)	Physician's Signature	Telephone	Date
Return to:		For WIC Clinic Use	
		New prescription needed: _____	
		RD/RN appointment scheduled: _____	
Local WIC Program Staff: _____			
Telephone: _____		WIC Program RD/RN Authorization / Date: _____	
FAX: _____			

COLORADO WIC PROGRAM INFANT FORMULA AND NUTRITIONAL PRODUCT LIST

[illegible]